

03/10/00
Jc759 U.S. PTO

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PTO/SB/50 (4/98)
Approved for use through 09/30/2000. OMB 0651-0033
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	38625/43
First Named Inventor	Raymond Graj
Original Patent Number	5,802,960
Original Patent Issue Date (Month/Day/Year)	September 8, 1998
Express Mail Label No.	EL077034425US

APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52) with
Power of Attorney
- Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53 or 54)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☐ * Small Entity Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☒ Other: **Request for Transfer of Drawings**
Certificate of Express Mailing

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name	AMSTER, ROTHSTEIN & EBENSTEIN				
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NAME (Print/Type)

Donna L. Angotti

Registration No. (Attorney/Agent)

32,679

Signature

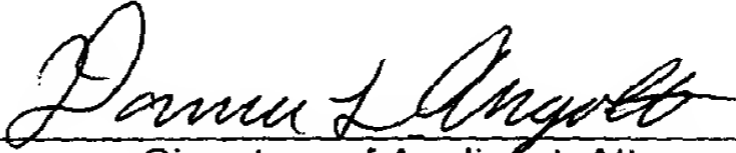
Donna L. Angotti

Date

March 10, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
						38625/43		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 28	Total Claims (37 CFR 1.16(j))	(B) 44	**** 16 =	x \$	=	or	x \$ 18 = 288.00	
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 5	3 =	x \$	=		x \$ 78 = 234.00	
Basic Fee (37 CFR 1.16(h))					\$		\$ 690.00	
Total Filing Fee					\$	OR	\$ 1,212.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p>								
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>01-1785</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p>								
<p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,212.00</u> to cover the filing / additional fee is enclosed.</p>								
March 10, 2000 Date		 Signature of Applicant, Attorney or Agent of Record						
		Donna L. Angotti Reg. 32,679 Typed or printed name						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Graj et al.
Original Patent Number : 5,802,960
Issued : September 8, 1998
Title : ERGONOMIC COOKWARE

**REQUEST FOR TRANSFER OF DRAWINGS FROM
ORIGINAL PATENT TO REISSUE APPLICATION**

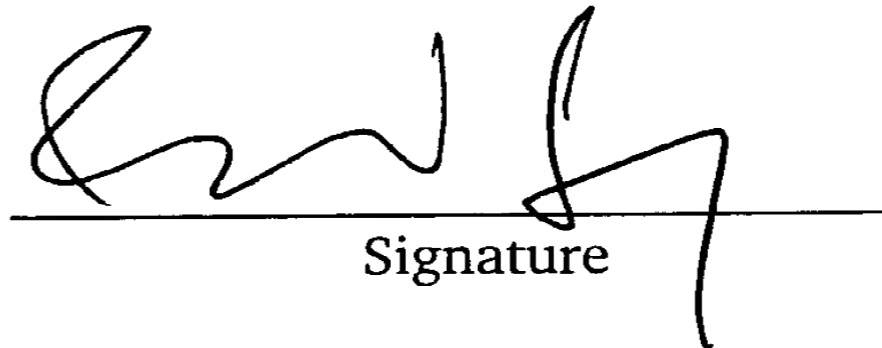
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Please transfer the drawings from the above identified original patent to the reissue application, the specification of which is attached hereto. Attached is a Statement under 37 C.F.R. § 3.73(b) establishing the right of Graj & Gustavsen, as assignee, to take action in this reissue.

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

3/9/00
Date


Signature

Raymond Graj
Typed or printed name

Chief Operating Officer
Title

03-13-00

A/RE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Graj et al.
Filed : March 10, 2000
For : ERGONOMIC COOKWARE
Examiner : Not Assigned

EXPRESS MAIL CERTIFICATE OF MAILING

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

"Express Mail" mailing label No.EL077034425US

Date of Deposit: March 10, 2000

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Name: Donna L. Angotti

Signature: Donna L. Angotti